

UNITED STATES PATENT AND TRADEMARK OFFICE
DOCUMENT CLASSIFICATION BARCODE SHEET



Drawings

7

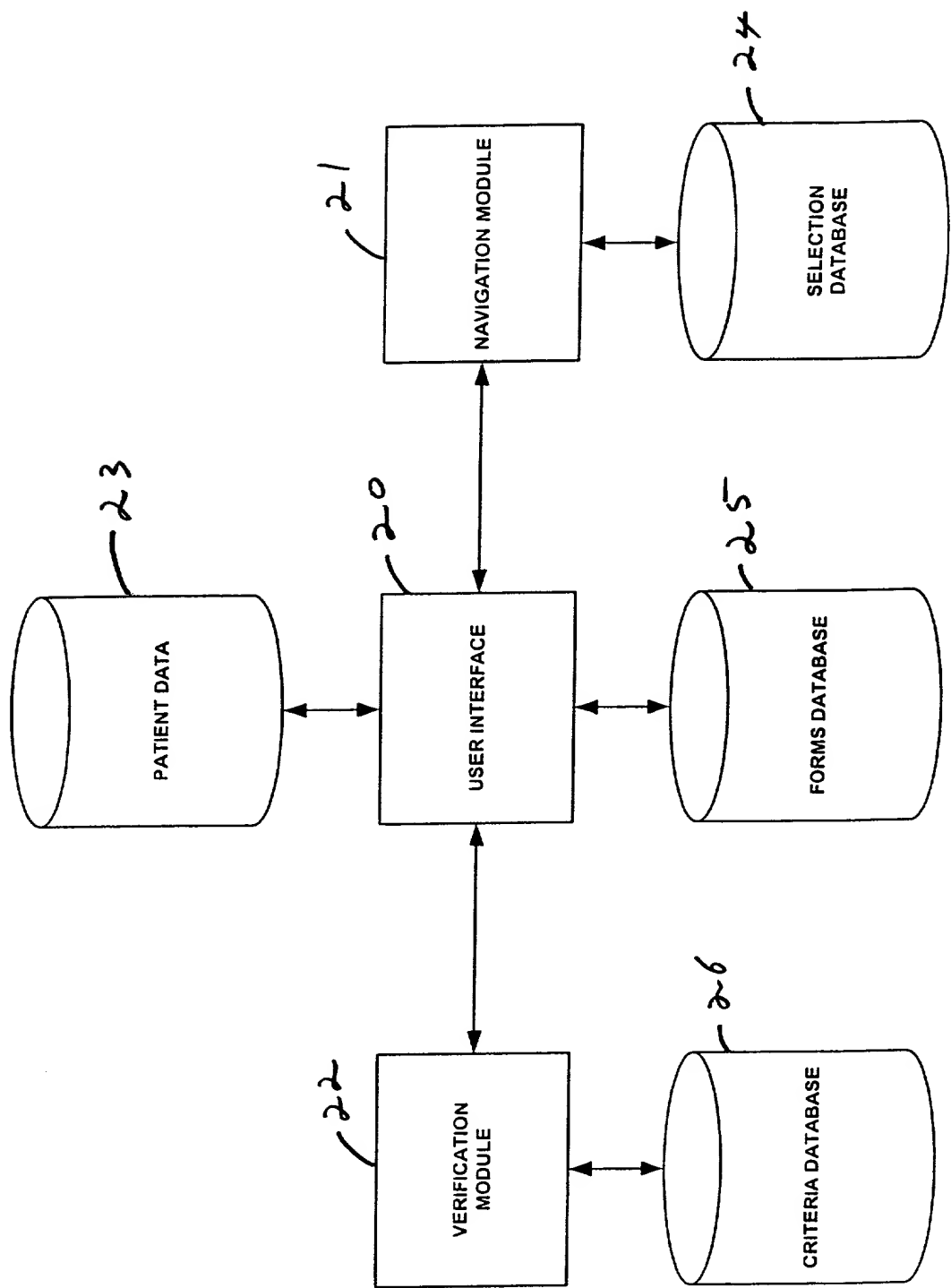


FIG 1

29

30

Inpatients

Facility Types... Acute Care

Facilities... 31

General Hospital 28 3 Patients

27 NEW ADMIT 32 Admit Clinical Screen

CLINICAL SCREEN Discharge Plan Screen

LAD.....	Reduced..	Last Note	Admit	Adm Auth No.....	Discharge Plan..	Patient
Pending.....	None.....	None.....	11/05/00...	Pending.....	None.....	West Ronald
Pending.....	None.....	None.....	11/05/00...	Pending.....	None.....	Brown Paul
Pending.....	None.....	None.....	11/04/00...	Pending.....	None.....	Smith Jane

33

HOME

FIG 2A

ADMISSION FACE SCREEN

Member ID:	ff55555f		Last Name:	Gray	First Name	Jane
Birthdate	11/4/50		<input type="radio"/> Male ; <input checked="" type="radio"/> Female			
Group No	A77		Product	Commercial	Contract No	GG234

Admit Date	11/5/200	Today	<input type="checkbox"/> Related to accident or 3rd party liability	
Came from	Home	Arrived via	Auto	
Attending MD	Phil Byrd MD			
Admitting MD	Susan Winters			
ICD9 Groups		Code:		
ICD9 Codes		<input type="checkbox"/>		
Admit Dx				

SUBMIT (->Census)	SUBMIT (->Clinical)	RESET
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F16 2B

Patient **Brown Paul** ID: **BB22222B** 38
 Male- DOB **8/22/81** Discharge Plans 39
 Admit Dx: **486 Pneumonia** 40
 Admit Date **11/5/00** 35

Date **11/5/2000** Chart Date **Nov** Bed Location **Med-Surg** 42
 Criteria **486 Pneumonia** 43
 Additional Info **No Requests** 44
 Parameters needed ... 45
 Admit Auth: **PENDIT** 46
 LOC: **PENDIT** 47

Clinical Element	History	Diagnoses	Last Event	System/Group	Parameter	Finding
Past Hx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Event	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System/Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parameter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dx: **486 Pneumonia**; Last Hospital Admit 9 months ago
 Dx: **481.3 Asthma**; Last Hospital Admit 2 years ago; Last ER Visit 4 days ago
 Parameter **486 Pneumonia** 54
 Findings **486** 55
 Today 56
 Duration **8 months** 57
 Frequency **Interval** 58
 In Past... 59
 Interval 60
 In Past... 61
 Interval 62
 In Past... 63
 Interval 64
 In Past... 65
 Interval 66
 In Past... 67
 Interval 68
 In Past... 69
 Interval 70

FIG 3A

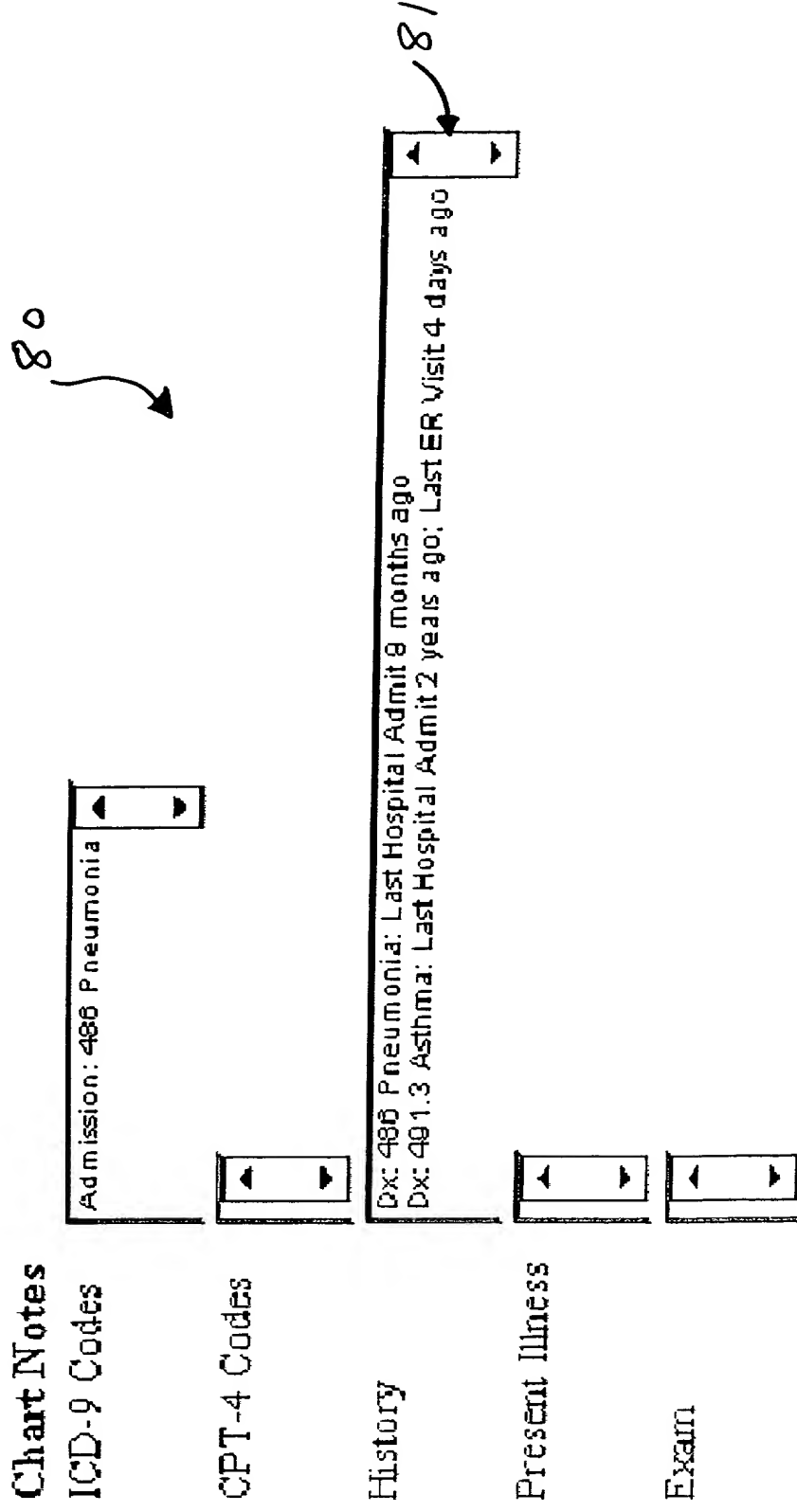
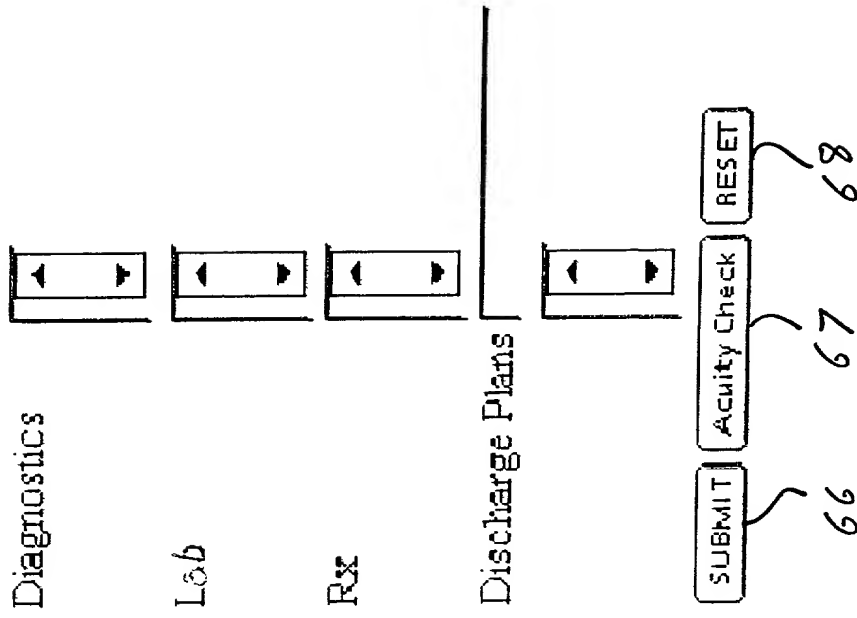


FIG 3B



80

FIG. 3C

38 Patient Smith Jane ID: AAL1111A 35 Admit Date 11/4/00 40
37 Female- DOB 10/15/70 Discharge Plans home Admit Dx 491.3 Asthma 36

39 Chart Date Nav 41 Bed Location Med-Surg 42

Criteria 491.3 Asthma 43 NOTmet->Exam: Pulmonary: Chest Auscultation 44 Level of Care: PENDING 4

Additional Info No Requests 45

Clinical Element	Exam	48
System/Group	Pulmonary	51
Parameter	Chest Auscultation	52
Finding	wheezing	53

54
-Chest Auscultation: Today: wheezing++
-Cardiac Auscultation: Today: rub++; syst ejec murmur+++
-Cardiac Palpation: Today: Prominent PMI

Parameter 55 Chest Auscultation New 56

Finding 57 SELECT from FINDINGS LIST

wheezing++ 59 Finding_1 wheezing 62
Today 60 ++

66 SUBMIT 67 Acuity Check 68 RESET 69

Chart Notes

ICD-9 Codes

Admission: 481.3 Asthma	◀	▶
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80

CPT-4 Codes

◀	▶
---	---

Symptoms

◀	▶
---	---

Exam

-Chest Auscultation: Today: wheezing++ -Cardiac Auscultation: Today: rub++; syst ejec murmur++ -Cardiac Palpation: Today: Prominent PMI	◀	▶
---	---	---

83

Diagnostics

◀	▶
---	---

Lab

-ABG's: Today: PH@7.40; PO2@78; PCO2@38; HCO3@28 ->2 I/m Q2	◀	▶
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FIG 4B

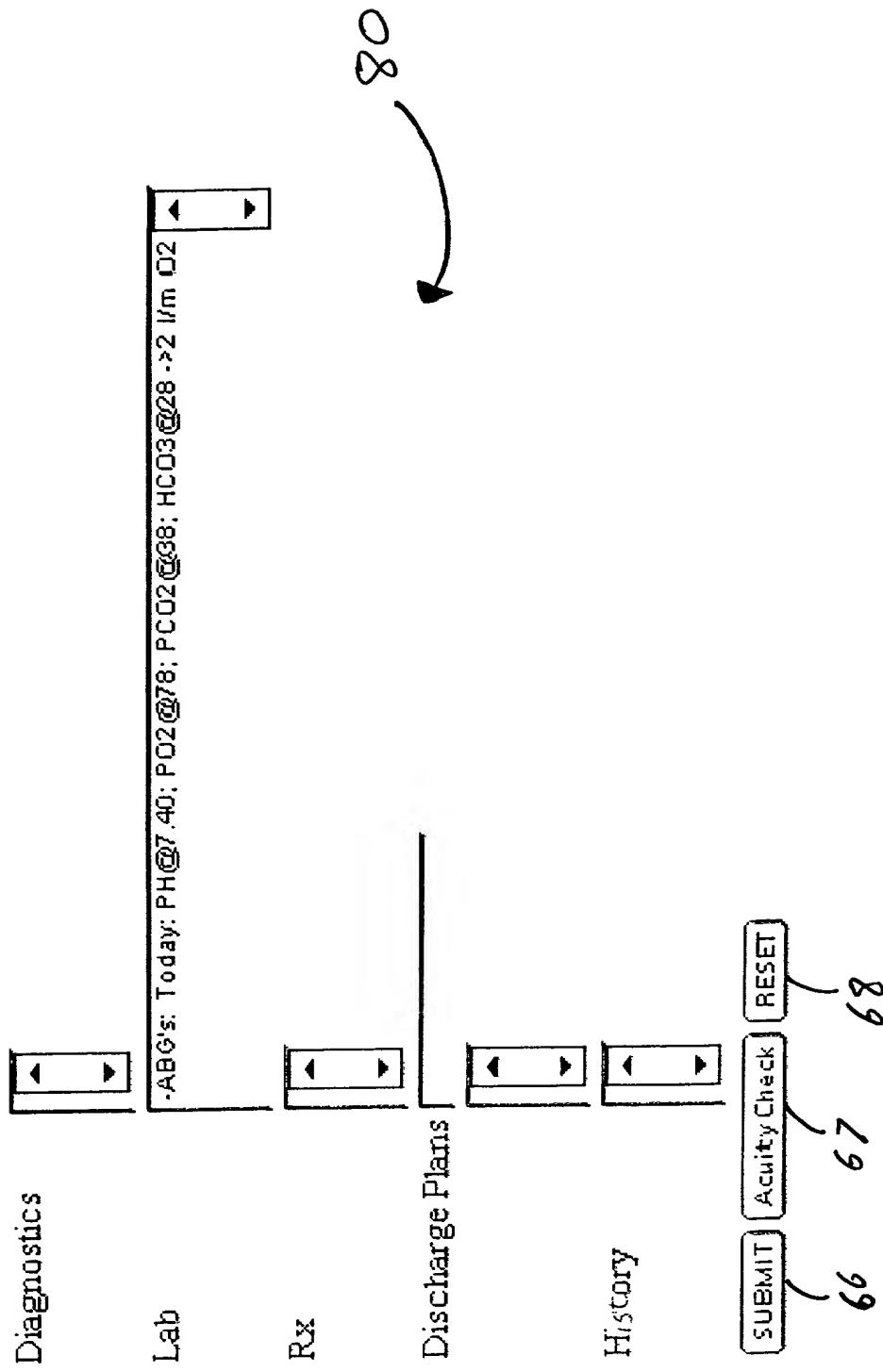


FIG 4C

71 Patient Smith Jane

ID: AA11111A Admit Date 11/4/00

Female- DOB 10/15/70

Admit Dx

Disposition Home

Home 73
DME 74
E1200 wheelchair 75

-DME: E1200 wheelchair 76
-DME: E1000 Oxygen (tank) 77
E1200 wheelchair 78 New

Home Visits: visit(s) over: weeks / OR / days (Visit Duration hrs)

Vendors
Vendor Locations 85
84 GET

86
Name PIN No
Address
City State Zip
Contact Last Name First Name
Telephone Ext. / Fax
E-Mail Address

87 SUBMIT 88 Check for Auth 89 RESET 90 Discharge Order... 91 DISCHARGE

Chart Notes

Discharge Plans

- DM: E1200 wheelchair	◀ ▶
- DM: E1000 Oxygen (tank)	◀ ▶

Clinical Status

- Incomplete IV Rx	◀ ▶
- Ambulates <15 feet	◀ ▶

Clinical Needs

◀ ▶

Exam

◀ ▶

Rx

◀ ▶

92




FIG. 5B

Patient West Ronald ID: cc33333c Admit Date 11/5/00

- DOB 00/00/00

Admit Dx

Disposition Skilled Nursing

☒ Skilled Nursing 73
☐ Accepting Facility Status 74
☒ Needs PRI submission 75

-Skilled Nursing: Needs PRI submission@Sunrise Nursing Home

☒ Needs PRI submission New

Home Visits: visit(s) over: weeks / OR / days / (Visit Duration) hrs

Vendors 85
 Myack
 Sunrise Nursing Home 84
 GET

☒ Name Sunrise Nursing Home PIN No 2
 Address
 City State Zip
 Contact Last Name First Name
 Telephone - Ext. / Fax -
 E-Mail Address

SUBMIT Check for Auth RESET Discharge Order... DISCHARGE

87 88 89 90 91 FIG-5C

71

72

76

77

78

86

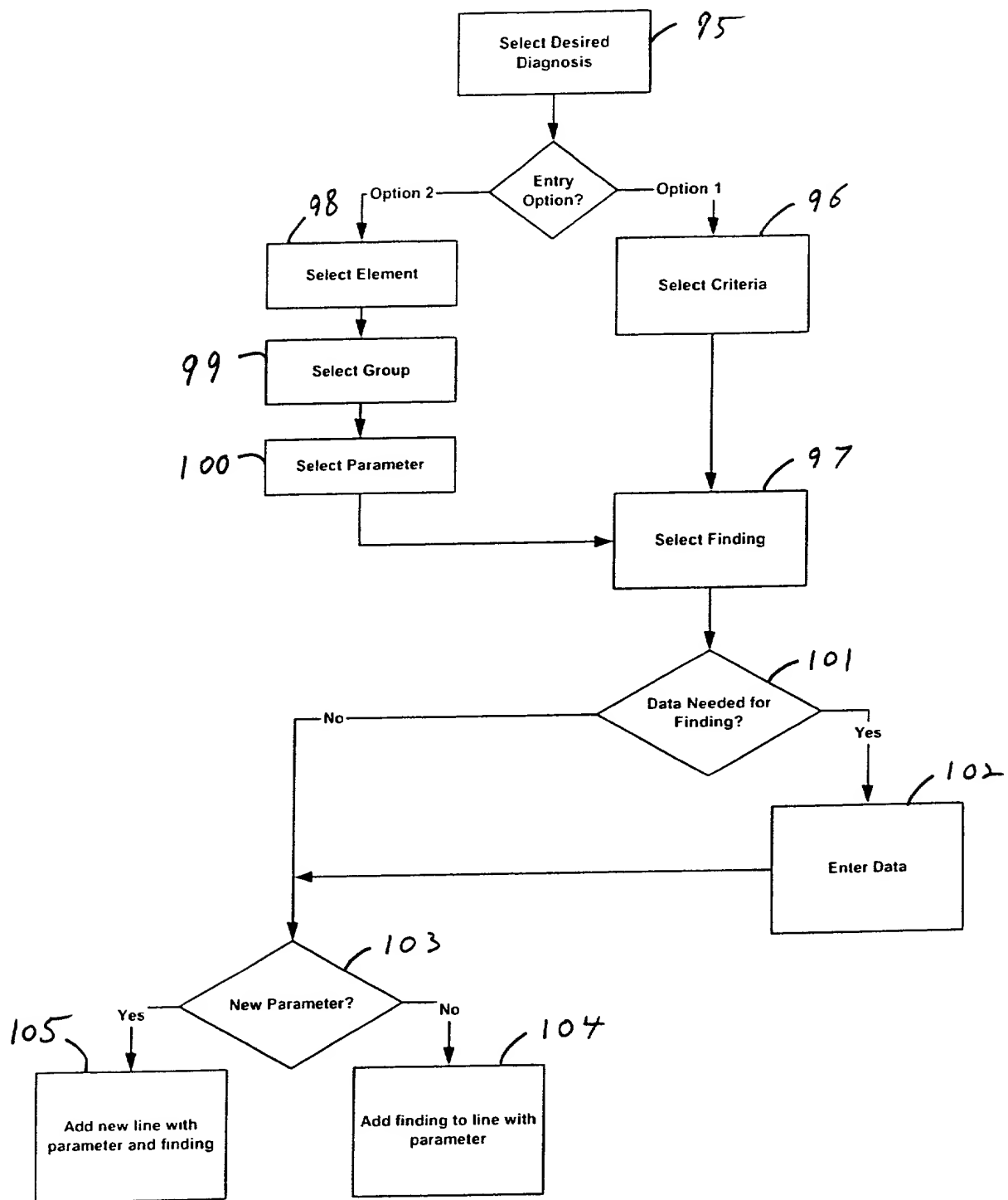


FIG 6